

Provider Type 26**Provider Documentation Requirements****Ambulatory Health Care**

Specialty	Sub-Specialty	Enroll Type	Certification	License	Rate Letter	Rider A	Other Agency	Comments
<i>018 Ambulatory Surgical Center</i>		FAO	Medicare					
<i>025 Family Planning Agency</i>		FAO	Medicare		X			
<i>030 Ambulatory Care Clinic</i>		FAO			X			
	034 School Health							
	041 Well Child Health							
	423 Hearing Aid Dealer Services							
<i>043 Rural Health Clinic</i>		FAO	Medicare		X			
	409 Physician Services							
	410 Podiatry Services							
	411 Dental Services							
	421 Optometry Services							
	422 Psychological							
<i>044 VD Screening</i>		FAO					X	Approval by Family Planning Org.
<i>063 FQHC</i>		FAO	HRSA		X			
	409 Physician Services							
	410 Podiatry Services							
	411 Dental Services							
	412 Community Support Services							
	413 DME/Supplies Services							
	415 Case Management Services							
	417 Physical Therapy Services							
	418 Chiropractor Services							
	419 Occupational Therapy Services							
	421 Optometry Services							
	422 Psychological Services							
	423 Hearing Aid Dealer Services							
	424 Audiology Services							
	426 Services for Substance Abuse							
	427 Nurse Midwife Services							
	428 Psych Examiner Services							
<i>433 Dialysis Center</i>		FAO		Facility				Affiliated physician license needed